



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

TOUR REQUESTS AND PROCEDURES

Effective Date: April 18, 2016

Policy #: SD-01

Page 1 of 3

I. PURPOSE: To establish procedure for conducting tours of Montana State Hospital for the purpose of educating people about treatment of mental illness and the services provided by MSH.

II. POLICY:

- A. Tours may be provided to community mental health and health service providers, other human service organizations, advocacy groups, and others with a reasonable need to have information about the services provided by MSH that can best be provided through an onsite visit.
- B. Tours may be provided to students enrolled in college and university programs as determined appropriate.
- C. Tours will not ordinarily be provided to high school or younger students, though MSH staff may visit schools and provide information about hospital services.
- D. Tours will ordinarily be arranged by contacting the Staff Development Department or by making arrangements with the appropriate department director or supervisor.
- E. All tours will be conducted in a manner that respects patient rights, particularly rights to privacy and confidentiality. Whenever possible, patients will be informed in advance of the tour and may choose to remain out of sight. Tours will not enter patient living areas unless there is a clear reason for doing so, and then only in small groups or with advance notice to patients and staff.
- F. Media tours may be arranged through either the Hospital Administrator or the Director of Quality Improvement.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- A. All employees are to ensure patient confidentiality, privacy, dignity, and respect are protected when conducting any tour.
- B. Staff Development Services is responsible for arranging and conducting most general tours. Organizations will be requested to arrange tours at least two weeks in advance. Staff Development Services will also coordinate tour participants' purchase of meal ticket, as appropriate, for meals provided by the Dietary Service; and discussing the

importance of confidentiality with tour participants. In order to emphasize the importance of confidentiality, tour participants may be required to sign Confidentiality Statement form (Attachment A).

- C. Department Directors and Supervisors – making other arrangements for providing tours are also responsible for notifying appropriate staff in advance of the tour, making meal arrangements, and ensuring that confidentiality and privacy are respected.

V. PROCEDURE:

- A. Groups or organizations requesting a tour of MSH will be referred to Staff Development Services. Tours will be planned and coordinated so they do not interfere with patient services or the day-to-day operations of Staff Development or MSH.
- B. Behavior by tour participants that is disrespectful, disruptive, or intrusive to Hospital patients or operations will not be tolerated. Any such behavior will result in the immediate conclusion of the tour.
- D. The taking of photographs, videotaping, etc., will not be allowed unless special arrangements have been made in advance. Any photographs or interviews of a patient require approval by patient or guardian and the treatment team or Hospital Administrator. The patient or guardian must sign a Release of Information form (Attachment B) before the photo or interview is completed.
- E. Tour participants are not permitted to access to patient records unless there is a specific reason to do so and the appropriate consent has been granted.
- F. Tours will not enter patient living areas (wards) unless there is a small group with a compelling need to do so and the treatment team has pre-approved the visit. Staff and patients will be provided with advance notice when a tour will be entering a patient living area.
- F. General tour types and guidelines:
1. College, University and Vocational/Technical School Tours will typically consist of:
 - a. Introductory briefing (approximately 1 hour)
 - b. Lunch at MSH dining room
 - c. Tour of the MSH campus
 - d. Question and answer period

Students from colleges, universities, or vocational technical schools may be scheduled for an afternoon on a treatment unit observing daily routines.

Montana State Hospital Policy and Procedure

TOUR REQUESTS AND PROCEDURES

Page 3 of 3

2. Tours for professional or advocacy agencies/organizations will typically consist of:

- a. Introductory briefing (approximately 1 hour)
- b. Lunch at the MSH dining room
- c. Tour of the MSH campus
- d. Question and answer period

Tour participants from other professional organizations may be scheduled for one afternoon meeting with treatment staff or observing treatment program activities.

3. Tours and itineraries for other types of groups will be arranged as appropriate.
4. MSH staff are available to visit schools and other programs to provide information about Hospital services and treatment of mental illnesses.

VI. REFERENCES: None

VII. COLLABORATED WITH: Staff Development Services Coordinator, Director of Quality Improvement, Director of Nursing Services, and Director of Information Resources.

VIII. RESCISSIONS: #SD-01, Montana State Hospital Tours dated July 1, 2011; #SD-01 *Montana State Hospital Tours* dated July 13, 2007; #SD-01 *Montana State Hospital Tours* dated February 14, 2000; MSH Policy #SD-02-01, *Montana State Hospital Tours*, dated September 20, 1995.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Staff Development Services Coordinator

XII. ATTACHMENTS:

- A. [Montana State Hospital Confidentially Statement](#)
- B. [Release of Information form](#)

John W. Glueckert
Hospital Administrator

Date/Time

MONTANA STATE HOSPITAL

CONFIDENTIALITY STATEMENT

For Visitors, Guests, and Staff of other Organizations Conducting Business at Montana State Hospital

The principle of confidentiality is: Information about Hospital patients is only provided to people or agencies on a need to know basis and when it is in the interest of the patient or as allowed under state and federal law. The following information is presented to provide guidelines about how common issues regarding confidentiality should be addressed.

1. Information and details about a patient's case may be discussed for clinical purposes only. That is, cases may be discussed only for the purpose of enhancing the treatment or other services to be provided to the patient.
2. No identifying information about patients (name, addresses, social security numbers) should be revealed except within the Hospital itself or when communicating with other professionals regarding admissions and discharges.
3. Patient records maintained by the Hospital are to be used only for clinical purposes and not for general review by people who do not require access to the information contained within.
4. Discussing the details of a case outside the hospital, even though names, addresses and Social Security numbers are not revealed, may also be considered a breach of confidentiality. That is, one might possibly describe in detail facts about the case and never mention who the person is or allude in any way to names or any type of descriptive type of data, and yet within the case reveal enough that the listener might possibly identify the patient.
5. The fact that a case has been made public through the news media does not alter the fact that the person retains their confidentiality rights within the Hospital itself.

The following statement is to be signed by Visitors, Guests, and Staff of Other Organizations Conducting Business at Montana State Hospital who may access confidential information at Montana State Hospital.

I understand the principles of confidentiality contained in this document and agree to adhere to these principles regarding any information I may obtain regarding patients at Montana State Hospital. Any questions I have about confidentiality issues or disclosure of patient information will be discussed with state hospital staff members.

Print Name

Signature

Date

**MONTANA STATE HOSPITAL
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, _____ (D.O.B) _____ (PT. #) _____,
(Name of Patient or Participant)

authorize _____ to disclose and exchange Protected Health Information to:
(Name of the Program making disclosure)

_____ (name)

_____ (address)

_____ (address)

I authorize the disclosure of the following Protected Health Information within the date range of

_____ (start date) to _____ (end date):

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Psychiatric Evaluations	<input type="checkbox"/> Psychological
<input type="checkbox"/> Physical Examination	<input type="checkbox"/> Social History	<input type="checkbox"/> Rehab. Therapy
<input type="checkbox"/> Laboratory Studies	<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> HIV/AIDS Testing/Treatment
<input type="checkbox"/> Medications/MAR/Orders	<input type="checkbox"/> Legal Documents/FRB	<input type="checkbox"/> Advance Directives/Living Will
<input type="checkbox"/> Medical Consultations	<input type="checkbox"/> Alcohol/Drug Abuse Treatment/Referral	
<input type="checkbox"/> Other _____		

The purpose or need for this disclosure is: _____

This authorization expires six months from the date of signature unless another date, event, or condition is stated here: _____

Executed this _____ day of _____, 20_____

You may revoke this authorization at any time, except to the extent that action has been taken in reliance on it, by giving written notice of revocation to program making disclosure named above.

**Health Information Dept
Montana State Hospital
PO Box 300
Warm Springs, MT 59756**

Signature of Patient

Signature of Parent, Guardian or authorized representative (when required)

NOTICE:

Protected Health Information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal privacy law.

Montana State Hospital may not condition treatment, payment, enrollment or eligibility for benefits on whether you sign this authorization.